

# 2010 Benefits at a Glance

**Quality. Value. Security.**  
**When it comes to benefits, that's what Sysco delivers.**

## Health Coverage

Medical  
Health Coach Line  
Maternity Program  
Quit Tobacco Program  
Prescription Drug  
Mental Health  
Dental  
Vision  
Employee Assistance Program

## Life Insurance

Basic Life  
Supplemental Life  
Dependent Life  
Basic AD&D  
Voluntary AD&D

## Retirement & Savings

401 (k) Plan  
Stock Purchase Plan  
529 College Savings Plan  
Flexible Spending Accounts  
Retirement Plan

## Other Benefits

Long-Term Disability  
Paid Time Off  
Holidays  
Auto & Home Insurance  
Baugh Scholarship

<https://myinfo.sysco.com>

Benefits at a Glance uses non-technical language to explain concepts related to Sysco Corporation benefits. If this attempt at simplification is imprecise or contradicts the actual provisions of the program, or the governing laws and regulations, the actual provisions of the program or the governing laws and regulations will control and take precedence over any statement in this publication. Please refer to the Summary Plan Description for a complete definition of eligibility.

## Sysco Corporation Benefits at a Glance

Benefit	Eligibility	Options/Coverage	Contributions
<p><b>PPO &amp; TRADITIONAL MEDICAL PROGRAMS</b> Provide comprehensive coverage for treatment in a physician's office and for inpatient and outpatient hospital and surgical services.</p> <p>Employees may select the PPO or decline medical insurance coverage. Employees who live in an area where there is not a PPO network may elect coverage under the Traditional program. Some Sysco companies may also offer an HMO option.</p> <p>PPO and Traditional claims administration provided by Blue Cross and Blue Shield of Illinois.</p> <p>Lifetime maximum is \$1.5 million for medical, mental health and prescription drug coverage combined.</p>	<p>Eligible, active employees who are regularly scheduled to work 30 or more hours per week (some groups may have different eligibility criteria).</p> <p><i>Eligible Dependents:</i></p> <ul style="list-style-type: none"> <li>• Legal spouse (as defined in Sysco's Summary Plan Description)</li> <li>• Unmarried children under age 19</li> <li>• Unmarried children from 19 to 24 who are full-time students</li> <li>• Unmarried children who are mentally or physically incapable of self support</li> </ul>	<p><b>Premium Medical PPO</b> <i>In-network</i></p> <ul style="list-style-type: none"> <li>- \$500 individual/\$1,500 family deductible</li> <li>- \$15 copayment wellness visit</li> <li>- \$20 copayment primary care physician office visit</li> <li>- \$35 specialist office visit</li> <li>- 85% coinsurance (for most expenses)</li> <li>- \$2,500 individual/\$5,000 family out-of-pocket maximum</li> </ul> <p><i>Out-of-network</i></p> <ul style="list-style-type: none"> <li>- \$1,500 individual/\$3,000 family deductible</li> <li>- 65% coinsurance (most expenses)</li> <li>- \$3,750 individual/\$7,500 family out-of-pocket maximum</li> </ul> <p><b>Value Medical PPO</b> <i>In-network</i></p> <ul style="list-style-type: none"> <li>- \$800 individual/\$2,400 family deductible</li> <li>- \$15 copayment wellness visit</li> <li>- \$15 copayment primary care physician office visit</li> <li>- \$40 specialist office visit</li> <li>- 75% coinsurance (for most expenses)</li> <li>- \$6,000 individual/\$12,000 family out-of-pocket maximum</li> </ul> <p><i>Out-of-network</i></p> <ul style="list-style-type: none"> <li>- \$2,400 individual/\$4,800 family deductible</li> <li>- 65% coinsurance (most expenses)</li> <li>- \$7,200 individual/\$14,000 family out-of-pocket maximum</li> </ul> <p><b>Traditional (out-of-area only)</b></p> <ul style="list-style-type: none"> <li>- \$500 individual/\$1,500 family deductible</li> <li>- 80% coinsurance (for most expenses)</li> <li>- \$2,500 individual/\$5,000 family out-of-pocket maximum</li> </ul>	<p>Company and employee share cost</p>
<p><b>MATERNITY PROGRAM</b> Provides educational information and support throughout pregnancy. Program is administered by Blue Cross Blue Shield of Illinois (should pre-certify in first trimester).</p>	<p>PPO and Traditional medical program participants</p>	<p><b>Call 1.800.557.9726</b></p> <ul style="list-style-type: none"> <li>- Educational materials</li> <li>- 24 hour, toll-free maternity nurse hotline</li> <li>- Access to online resources</li> <li>- Risk assessment screening</li> <li>- Referrals for related services</li> <li>- Gift certificate upon completion of program</li> </ul>	<p>Included in medical program</p>
<p><b>QUIT TOBACCO PROGRAM</b> Provides information and support to quit tobacco use</p>	<p>PPO and Traditional medical program participants</p>	<p><b>Call 1.877.471.7030</b></p> <ul style="list-style-type: none"> <li>- Unlimited access by phone to a specially trained Health Coach</li> <li>- No cost to you and your eligible dependents age 18 and over</li> </ul>	<p>Included in medical program</p>
<p><b>HEALTH COACH LINE</b> Provides access to trained health professionals such as nurses, respiratory therapists and dieticians.</p>	<p>PPO and Traditional medical program participants</p>	<p><b>Call 1.877.471.7030</b></p> <ul style="list-style-type: none"> <li>- 24 hours a day, 7 days a week for information and assistance with all health-related matters</li> </ul>	<p>Included in medical program</p>

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<p><b>PRESCRIPTION DRUGS</b> Claims administration provided by Medco</p>	<p>PPO and Traditional medical program participants</p>	<p><b>In-network</b> – Premium PPO/Traditional  <u>Retail</u> (up to a <u>30-day</u> supply)                      - Generic: \$10                      - Preferred: 30% (min. \$25; max. \$50)                      - Non-preferred: 40% (min. \$50; max. \$100)  <u>Mail Order</u> (up to a <u>90-day</u> supply)                      - Generic: \$20                      - Preferred: 30% (min. \$60; max. \$125)                      - Non-preferred: 40% (min. \$100; max. \$200)  <b>In-network</b> – Value PPO  <u>Retail</u> (up to a <u>30-day</u> supply)                      - Generic: \$8                      - Brand: 50% (min. \$20; max. \$50)  <u>Mail Order</u> (up to a <u>90-day</u> supply)                      - Generic: \$16                      - Brand: 50% (min. \$50; max. \$125)  <b>Out-of-network</b> (Retail only)                      50% reimbursement  <b>NOTE: Preferred mail order</b>                      - Certain specialty drugs are only covered through Accredo. Certain maintenance medicine must be filled through Medco mail order pharmacy.</p>	<p>Company and employee share cost</p>
<p><b>MENTAL HEALTH / SUBSTANCE ABUSE</b> Claims administration by UBH (all services should be precertified by UBH).</p>	<p>PPO and Traditional medical program participants</p>	<p><b>Premium PPO/Traditional</b>  <b>In-network</b>                      - No individual/no family deductible                      - \$20 copay office visits                      - 85% coinsurance (for most expenses)                      - \$2,500 individual/\$5,000 family out-of-pocket maximum  <b>Out-of-network</b>                      - \$1,500 individual/\$3,000 family deductible                      - 65% coinsurance (most expenses)                      - \$3,750 individual/\$7,500 family out-of-pocket maximum  <b>Value PPO</b>  <b>In-network</b>                      - No individual/ no family deductible                      - \$15 copay office visits                      - 75% coinsurance (for most expenses)                      - \$6,000 individual/\$12,000 family out-of-pocket maximum  <b>Out-of-network</b>                      - \$2,400 individual/\$4,800 family deductible                      - 65% coinsurance (most expenses)                      - \$7,200 individual/\$14,000 family out-of-pocket maximum</p>	<p>Company and employee share cost</p>
<p><b>DENTAL</b> Provides comprehensive dental care. Employees may choose or decline coverage. MetLife provides claims administration.</p>	<p>Eligible, active employees who are regularly scheduled to work 30 or more hours per week (some groups may have different eligibility criteria).  <b>Eligible Dependents:</b></p> <ul style="list-style-type: none"> <li>• Legal spouse (as defined in Sysco's SPD)</li> <li>• Unmarried children under age 19</li> <li>• Unmarried children from 19 to 24 who are full-time students</li> <li>• Unmarried children who are mentally or physically incapable of self-support</li> </ul>	<p><b>Premium Dental Option</b></p> <ul style="list-style-type: none"> <li>- 100% Preventive and Diagnostic*</li> <li>- 80% Basic Services</li> <li>- 50% Major Services</li> <li>- 50% Orthodontia for children under 19* (\$1,500 lifetime maximum)</li> <li>- \$50 individual/\$150 family deductible</li> <li>- \$1,500 per person annual maximum</li> </ul> <p><b>Basic Dental Option</b></p> <ul style="list-style-type: none"> <li>- 80% Preventive and Diagnostic*</li> <li>- 80% Basic Services</li> <li>- 50% Major Services</li> <li>- \$50 Individual/\$150 family deductible</li> <li>- \$1,000 per person annual maximum</li> <li>- No orthodontia benefits</li> </ul> <p>*Benefits not subject to deductible</p>	<p>Company and employee share cost</p>

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<p><b>VISION</b> Provides benefits for routine vision care such as eye examinations and materials (frames and lenses). Employees may elect or decline coverage. VSP provides claims administration.</p>	<p>Eligible, active employees who are regularly scheduled to work 30 or more hours per week (some groups may have different eligibility criteria). <i>Eligible Dependents:</i></p> <ul style="list-style-type: none"> <li>• Legal spouse (as defined in Sysco's SPD)</li> <li>• Unmarried children under age 19</li> <li>• Unmarried children from 19 to 24 who are full-time students</li> <li>• Unmarried children who are mentally or physically incapable of self-support</li> </ul>	<p>In-network</p> <ul style="list-style-type: none"> <li>- Exam once every calendar year - \$10 copayment</li> <li>- Lenses once every calendar year - \$25 copayment</li> <li>- Frames once every other calendar year - \$25 copayment*</li> <li>- Contact lenses in lieu of eyeglasses: \$120 allowance once every calendar year</li> <li>- Medically necessary contact lenses: \$25 copayment</li> </ul> <p>*If frames and lenses are purchased together, there is only one \$25 copayment.</p> <p>Out-of-network</p> <ul style="list-style-type: none"> <li>- Exam once every calendar year – up to \$50 reimbursement</li> <li>- Frames once every other calendar year – Up to \$42 reimbursement</li> <li>- Lens allowance once every calendar year: <ul style="list-style-type: none"> <li>▪ Single vision – up to \$36</li> <li>▪ Bifocal – up to \$60</li> <li>▪ Trifocal – up to \$84</li> <li>▪ Lenticular – up to \$180</li> </ul> </li> <li>- Contact lenses in lieu of eyeglasses – up to \$120 allowance every calendar year</li> <li>- Medical necessary contact lenses: up to \$300 allowance</li> </ul>	<p>Company and employee share cost.</p>
<p><b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b> Confidential counseling and information service for work or family problems. Administered by UBH. All services must be pre-certified by UBH to be covered.</p>	<p><b>All Sysco employees</b> and their eligible dependents</p>	<p>Up to 5 free sessions per person, per issue, per year</p>	<p>Company pays cost</p>
<p><b>HEALTHCARE FLEXIBLE SPENDING ACCOUNT</b> Tax savings on eligible health care expenses. Claims administered by ADP Benefit Services.</p>	<p>Eligible, active employees regularly scheduled to work 30 or more hours a week (some groups may have different eligibility criteria).</p>	<p>May contribute up to \$5,000 annually</p>	<p>Employee makes contributions through pretax payroll deductions, company pays administrative costs</p>
<p><b>DEPENDENT DAY CARE FLEXIBLE SPENDING ACCOUNT</b> Tax savings on eligible dependent care expenses. Claims administered by ADP Benefit Services.</p>	<p>Eligible, active employees who are regularly scheduled to work 30 or more hours per week (some groups may have different eligibility criteria).</p>	<p>May contribute up to \$5,000 annually</p>	<p>Employee makes contributions through pretax payroll deductions, company pays administrative costs</p>
<p><b>BASIC LIFE INSURANCE</b></p>	<p>Eligible, active employees regularly scheduled to work 30 or more hours per week (some groups may have different eligibility criteria).</p>	<ul style="list-style-type: none"> <li>- 1.5 times previous year's eligible W-2 earnings</li> <li>- Maximum \$225,000</li> </ul>	<p>Company pays cost</p>
<p><b>SUPPLEMENTAL LIFE INSURANCE</b></p>	<p>Eligible, active employees regularly scheduled to work 30 or more hours per week (some groups may have different eligibility criteria).</p>	<ul style="list-style-type: none"> <li>- May purchase additional coverage up to 5-times eligible annual earnings not to exceed \$500,000</li> </ul>	<p>Employee pays cost</p>

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<b>DEPENDENT LIFE INSURANCE</b>	Eligible dependents	<b>Spouse</b> - May purchase coverage in \$10,000 increments up to \$50,000. Cannot exceed employee's combined basic and supplemental amount.  <b>Children</b> - May purchase coverage in \$2,500 increments up to \$10,000.	Employee pays cost
<b>LONG-TERM DISABILITY</b> Provides income if you suffer a qualifying disability for an extended period.	Eligible, active employees regularly scheduled to work 30 or more hours per week (some groups may have different eligibility criteria).	- Income protection during disability that exceeds 180 days - Plan provides up to 60% of eligible pay to \$5,000 per month maximum during qualifying disabilities	Company pays cost
<b>BASIC ACCIDENTAL DEATH &amp; DISMEMBERMENT (AD&amp;D)</b> Offers financial protection in the event of death or dismemberment caused by accidental injury.	Eligible, active employees regularly scheduled to work 30 or more hours per week (some groups may have different eligibility criteria).	- 1-times previous year's eligible W-2 earnings - Maximum \$150,000	Company pays cost
<b>VOLUNTARY AD&amp;D</b>	Eligible, active employees who are regularly scheduled to work 30 or more hours per week (some groups may have different eligibility criteria).	- May elect single or family coverage - Purchase coverage in \$10,000 increments up to \$500,000 - Amounts over \$150,000 cannot exceed 10 times employee's annual earnings - Amount of dependents' coverage depends upon amount selected by employee and family status - Maximum spouse coverage \$250,000; Maximum child coverage \$50,000	Employee pays cost
<b>SYSCO RETIREMENT PLAN</b>	Eligible, active employees upon completion of one year of service	- Automatic enrollment - Provides a monthly income beginning at age 65 based on 1.5% of total eligible earnings while employed by Sysco - Early Retirement benefits available for participants who are at least 55 and have completed 10 or more years of service - 100% vested after 5 years of service or at age 65	Company pays cost.

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<p><b>SYSCO 401(K) PLAN</b></p> <p>Administered by Fidelity Investments</p>	<p>Eligible employees are automatically enrolled in the plan at 3% in a Vanguard Target Retirement Fund after 180 days of employment. Employees have the option to enroll prior to the automatic enrollment date, to change their contribution amount, to make fund selections or to opt out.</p>	<ul style="list-style-type: none"> <li>- Pretax savings ( 1-50% of earnings up to legal limits)</li> <li>- Tax-deferred growth</li> <li>- Company match</li> <li>- Automatic payroll deductions</li> <li>- Access account information online or via phone</li> <li>- Two- to five-year graded vesting schedule</li> </ul>	<p>Employee makes contributions through payroll deductions, company pays match</p>
<p><b>SYSCO EMPLOYEES' STOCK PURCHASE PLAN</b></p> <p>Administered by Morgan Stanley Smith Barney</p>	<p>All employees regularly scheduled to work at least 20 hours per week, at least 5 months per year</p>	<ul style="list-style-type: none"> <li>- After-tax savings (minimum \$5 per pay period, maximum 10% of previous year's earnings or \$21,250)</li> <li>- Stock purchased at end of each calendar quarter</li> <li>- Price = 85% of closing price on last trading day of quarter</li> </ul>	<p>Employee makes contributions through payroll deductions and receives 15% discount on stock</p>
<p><b>529 COLLEGE SAVINGS PLAN</b></p> <p>Administered by Fidelity Investments</p>	<p>All eligible employees</p>	<p>Tax-free growth on investment savings plan for college-related expenses (includes tuition, school supplies, books, room and board)</p>	<p>Employee makes contributions</p>

**Important Facts Regarding Sysco Group Benefits**  
**(Medical, Dental, Vision, EAP, Life, AD&D, Healthcare and Dependent Day Care Flexible Spending Accounts and Long-Term Disability)**

**Eligibility for the Group Benefit Plan for newly hired associates:** When you join Sysco, your eligibility date for group benefits is the first day of the month coincident with or next following two full continuous calendar months of employment. For example, if you are hired on January 1, your benefits will be effective on March 1; if you are hired from January 2 – 31, your benefits will be effective on April 1. This equates to a waiting period of approximately 60 to 90 days. Some groups may have different eligibility criteria.

**Pre-existing condition exclusion:** Sysco's PPO and Traditional healthcare programs contain a 12-month pre-existing condition exclusion. A pre-existing condition is defined as a condition that entailed medical advice, diagnosis, care or treatment prior to your enrollment date. You can lessen or eliminate the exclusion period with proof of prior healthcare coverage. Pregnancy is not considered a pre-existing condition.

**Federal law requires** that benefit choices you make when you enroll stay in effect throughout the year **UNLESS** you experience a qualified change in status during the year, which permits you to change your elections. In that event, you have 31 days including the date of a qualified change in status to change your benefits coverage.

Examples of a qualified change in status include:

- Marriage or divorce
- Death of spouse or dependent
- Birth or adoption of a child
- Change in dependent status
- Change in your or your spouse's employment status
- Loss of coverage

**You must make changes to your benefits, including enrolling eligible dependents for coverage, within 31 days of a qualifying event by completing the required paperwork and submitting it to your local benefits department. For example, your newborn child must be enrolled within 31 days (including the date of birth) in order to be covered. Even if you have family coverage, you must still add new dependents to your coverage. Calling the coverage provider is not considered enrollment.**